CHEMICAL TERRORISM RESPONSE GUIDE

for

Clinical Laboratories

Updated March 2005

Utah Department of Health

Division of Epidemiology and Laboratory Services







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INTRODUCTION

The initial laboratory participating in an unannounced chemical terrorism event is likely to be a hospital-based or independent clinical laboratory. For clinicians, your laboratory may be the first to receive samples of urine and blood from exposed individuals. In such an event, there will be an unprecedented need to identify the chemical agent(s) used and determine the exposure levels patients received. To assist clinical laboratories in this effort, the Utah Department of Health Laboratory has set up a chemical terrorism comprehensive response plan for rapid toxic screening of samples from patients exposed to chemical agents. This guide contains a summary of notification steps, specimen collection requirements, packaging and shipping instructions, and an overview of chemical terrorism agents. This guide is intended for use by laboratories whose staffs have been trained in chemical terrorism sample collection through programs offered by the Utah Department of Health Laboratory.

USING THIS GUIDE

This guide is meant to provide a resource for quick decision-making in response to a real or suspected chemical terrorism event. Integration of its contents must be done in accordance with the requirements of regulatory agencies and incorporated into facility specific plans through appropriate authorities in the approval and review processes.

We suggest that this guide be stored near the laboratory workbench where it can be readily available to on-shift staff. It is designed to be a companion to the "BioTerrorism Response Guide for Clinical Laboratories" which is also available from the Utah Department of Health Laboratory.

Each person that may be involved with samples from patients potentially exposed to chemical terrorism agents should be trained in sample collection requirements, transporting protocols, and whom to contact if chemical terrorism is suspected. If you have any questions at any time, please call the Utah Department of Health Laboratory – our contact information is found in the contacts section of this guide.

CONTACT INFORMATION

Utah Public Health Laboratory (UPHL)

Division: Epidemiology and Laboratory Services

Address: 46 North Medical Drive

Salt Lake City, UT 84113

Phone: 801-584-8400 (general line)

Fax: 801-584-8486

URL: http://www.health.utah.gov/els/envsrv

Bureau Director Sanwat Chaudhuri, PhD 801-584-8476

cell 801-557-7295

Assistant Bureau Director Jack Oman 801-584-8541

Chemical Terrorism Coordinator 801-584-8578

cell 801-971-3083

Assistant Coordinator Tamanna Parvez 801-883-4658

Chemical Terrorism Lead Chemist Steven Butala, PhD 801-584-8567

Assistant Chemist Hannah Wilkowske 801-883-4657

Secretary Stephanie Rogers 801-883-4655

RAPID TOXIC SCREEN

The rapid toxic screen includes methods and procedures for analyzing clinical samples for the presence of chemical warfare agents, certain biological toxins, incapacitating agents, and industrial chemicals. Though it is called a screen, it is actually quantitative analysis, which can be useful in determining patient exposure levels.

Chemical warfare agents Nerve agents, e.g. sarin, soman, VX

Sulfur mustards, e.g. HD, sesquimustards

Nitrogen mustards, e.g. NH1, NH2

Cyanide Lewisite

Toxins Ricin

Saxitoxin Natural toxins

Incapacitating agents Drugs of abuse, e.g. cocaine, opiates, PCP

Others, e.g. scopolamine

Industrial chemicals Volatile organic compounds, e.g. benzene,

carbon tetrachloride Pesticides, e.g. malathion, parathion Heavy metals, e.g. lead, arsenic, mercury

Others

Toxic industrial chemicals are also of concern as agents of potential chemical terrorism. Their intentional release in a populated area is likely, since rail and truck transport them throughout the country every day.

The rapid toxic screen procedure is performed under the direction of the Centers for Disease Control and Prevention (CDC) – National Center for Environmental Health, Division of Laboratory Sciences. Their contact information is included in the contacts section of this guide.

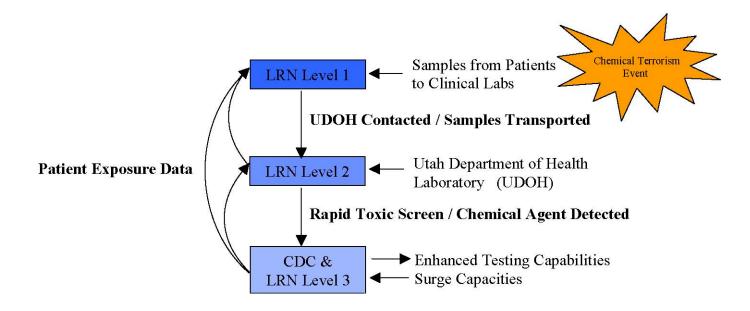
At the Utah Department of Health (UDOH) Laboratory we have developed testing capacities for heavy metals and cyanide; and are working towards methods for nerve agents. Currently, we are validated and participating in ongoing proficiency tests administered by CDC and reported through the LRN.

LABORATORY RESPONSE NETWORK

Through CDC preparedness programs in partnership with the Association of Public Health Laboratories (APHL), other federal agencies, and state public health laboratories, the Laboratory Response Network (LRN) has been established in order to provide aid in terrorism response. For chemical terrorism, clinical laboratories are categorized into a three-tiered network – from Level 1 to Level 3 – based on sample collection capabilities and diagnostic instrumentation. In this plan, most hospital-based or independent clinical laboratories capable of collecting patient specimens of urine and blood are considered part of the LRN at Level 1. Clinical laboratories operating at Level 1 serve a critical role in initiating response plans and collecting patient specimens.

Hospital emergency departments may be the first to observe unusual patterns of illness and/or receive patients exposed in a chemical terrorism event. Clinical laboratories servicing these types of facilities must initiate the LRN response by contacting their Level 2 coordinating agency. For the State of Utah, the Utah Department of Health Laboratory (Level 2) is the designated contact for dispatching the LRN response and subsequent rapid toxic screening process. The Utah Department of Health Laboratory has arranged with CDC and partnered with LRN Level 3 laboratories to perform analysis of chemical terrorism patient samples.

There are two main reasons for coordinating the analysis of chemical terrorism patient samples. First, if the agent is unknown, samples can be sent to CDC for quantitative analysis of 150 different chemical agents or their metabolites in urine, serum, and whole blood. Second, CDC maintains the capability to perform PCR analysis for detection of Biosafety Level-4 biological agents, which could be vital in a potential dual-exposure event (combined biological and chemical). This initial screening by CDC helps to ensure the health and safety of persons working with chemical terrorism patient samples.



Shipping Instructions for Specimens Collected from People Potentially Exposed to Chemical Terrorism Agents

Collecting specimens

Required specimens

Unless you are otherwise directed, collect the following specimens from each person who may have been exposed:

- Urine—Collect at least 25 mL. Use a screw-capped plastic container. Please do not overfill. Freeze as soon as possible (-70° C or dry ice preferred). If possible, ship the specimen on dry ice. If dry ice is not available, you may ship frozen specimens with freezer packs. For pediatric patients, collect urine only, unless otherwise directed by CDC.
- Whole blood—<u>Use three 3-, 5-, or 7-mL purple-top (EDTA) tubes</u>, vacuum-fill only (unopened). If collecting in 3 mL purple top tubes, please collect a <u>fourth</u> tube.
- Whole blood—<u>Use one 3-, 5- or 7-mL gray-top</u> or <u>one 3-, 5- or 7-mL green-top tube</u>, vacuum-fill only (**unopened**).

Order of collection

Please mark the first purple-top tube of whole blood collected with a "1" using indelible ink. The first purple-top tube of whole blood collected will be used to analyze for blood metals.

Blanks

For each lot number of tubes and urine cups used for collection, please provide two empty unopened purple-top tubes, two empty unopened green- or gray-top tubes, and two empty unopened urine cups to serve as blanks for measuring background contamination. Note: Although blanks do not have to be labeled, please secure their container tops in the same fashion described below for collected blood tubes and urine cups.

***** Urine Samples *

Centers for Disease Control and Prevention NCEH/DLS 4770 Buford Hwy, NE MS F-20 Atlanta, GA 30341-3724 Utah Department of Health DELS/Chemical Terrorism Response 46 North Medical Drive Salt Lake City, UT 84113-1105

EVIDENCE FORM

CDC/NCEH Group ID: CDC NCEH ID CDC Sample IE CDC Unique IE For sample(s) from an exposed Individual: Number of Urine Containers: Sample IDs: Comments: Signature/ Name/ CDC User ID of Person Sealing Shipper: (Signature) Prir Signature/ Name/ CDC User ID of Person Verifying Seal:	n:	
CDC/NCEH Group ID: CDC NCEH ID		
CDC/NCEH Group ID: CDC NCEH ID CDC Sample IE CDC Unique IE CDC Un	an individua	l sample:
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(Signature) Print Signature/ Name/ CDC User ID of Person Verifying Seal:		
(Signature) Print Signature/ Name/ CDC User ID of Person Verifying Seal:		
(Signature) Print Signature/ Name/ CDC User ID of Person Verifying Seal:		
(Signature) Print Signature/ Name/ CDC User ID of Person Verifying Seal:		
Signature/ Name/ CDC User ID of Person Verifying Seal:		
	ited Name	User ID
	nted Name	User ID
Local ID (non-CDC): Number issued by a non-CDC party submitting material to CDC.	ieu ivaille	USEI ID

CDC Unique ID: (ASTRO number) ID is unique to CDC and will be assigned to each sample or every specimen entity.

CDC/NCEH Group or Box ID: ID defines the number assigned to the outer container for the specimens of a given tube or vial type.

Centers for Disease Control and Prevention NCEH/DLS 4770 Buford Hwy, NE MS F-20 Atlanta, GA 30341-3724 Utah Department of Health DELS/Chemical Terrorism Response 46 North Medical Drive Salt Lake City, UT 84113-1105

CHAIN OF CUSTODY FORM

			<u>Date</u> :	<u>Time</u> :	
Collected By:_	(Printed Name)	(Signature)			
	(Finited Name)	(Signature)			
Reason:					
Received By:	(Printed Name)				
	(Printed Name)	(Signature)			
Reason:					
Received By:					
7	(Printed Name)	(Signature)			
Reason:					
Received By:					
	(Printed Name)	(Signature)			
Reason:					
Received By:					
	(Printed Name)	(Signature)			
Reason:					
Received By:					
<i>-</i>	(Printed Name)	(Signature)			
Reason:					
Received By:					
	(Printed Name)	(Signature)			
Reason:					

PAGE	OF

CENTERS FOR DISEASE CONTROL AND PREVENTION CHEMICAL TERRORISM URINE SPECIMEN COLLECTION SHIPPING MANIFEST			
DATE SHIPPED:			
SHIPPED BY:			
CONTACT TELEPHONE:			
SIGNATURE:			
DATE RECEIVED:			
RECEIVED BY:			
SIGNATURE:			
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	URINE CUPS:		
TOTAL NUMBER OF BLANK URINE CUPS PROVIDED IN THIS CONTAINER:	BLANK URINE CUPS:		
COMMENTS:			

SHIPPING ADDRESS: CDC DASH

ATTN: Dr. RICHARD MEYER

1600 Clifton Road, NE

Bldg. 8/9

Atlanta, GA 30333 (888) 374-1764

PAGE	OF

PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE UC COLUMN UC = URINE CUP			
Patient/Victim ID Label	UC (Amount)	Comments:	
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			_
			-

NOTE: Please include 2 empty urine cups from each lot number collected for background contamination measurement.

*

Centers for Disease Control and Prevention NCEH/DLS 4770 Buford Hwy, NE MS F-20 Atlanta, GA 30341-3724 Utah Department of Health DELS/Chemical Terrorism Response 46 North Medical Drive Salt Lake City, UT 84113-1105

EVIDENCE FORM

Date of Shipping:	Date of Sample Collection:	
Event Name:	Facility Name:	
For a group or a box of samples:	For an individual sample:	
	Local ID:	
CDC/NCEH Group ID:	CDC NCEH ID:	
	CDC Sample ID:	
	CDC Unique ID:	
	<u>-</u>	
For sample(s) from an exposed Individual:		
Number of Purple Top Tubes: Sample IDs:		
Number of Green/Gray Top Tubes: Sample IDs:		
Comments:		
Signature/ Name/ CDC User ID of Person Sealing Shipper:		
	(Signature) Printed Name User ID	
Signature/ Name/ CDC User ID of Person Verifying Seal:_	(Signature) Printed Name User ID	
Local ID (non-CDC): Number issued by a non-CDC party submittin CDC NCEH ID: Internal NCEH number/ID, otherwise known as the CDC Sample ID: ID assigned to identify a specimen when first seer number for all samples derived from the first identified and number seems.	g material to CDC. lab-friendly number. n by CDC personnel. This number will be used as the parent	

CDC/NCEH Group or Box ID: ID defines the number assigned to the outer container for the specimens of a given tube or vial type.

CDC Unique ID: (ASTRO number) ID is unique to CDC and will be assigned to each sample or every specimen entity.

Centers for Disease Control and Prevention NCEH/DLS 4770 Buford Hwy, NE MS F-20 Atlanta, GA 30341-3724 Utah Department of Health DELS/Chemical Terrorism Response 46 North Medical Drive Salt Lake City, UT 84113-1105

CHAIN OF CUSTODY FORM

			<u>Date</u> :	<u>Time</u> :	
Collected By:					
Conceted By	(Printed Name)	(Signature)			
Reason:					
Received By:	(Printed Name)				
	(Printed Name)	(Signature)			
Reason:					
D i 1 D					
Received By:	(Printed Name)	(Signature)			_
	(Timed Tame)	(Signature)			
Reason:					
Received By:					
	(Printed Name)	(Signature)			_
Reason:					_
Received By:	(Printed Name)	(2)			_
	(Printed Name)	(Signature)			
Reason:					
Daggivad Dvv					
Received by	(Printed Name)	(Signature)			_
Reason:					
Received By:					
	(Printed Name)	(Signature)			_
Reason:					

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CENTERS FOR DISEASE CONTROL AND PREVENTION CHEMICAL TERRORISM SPECIMEN COLLECTION SHIPPING MANIFEST			
DATE SHIPPED:			
SHIPPED BY:			
CONTACT TELEPHONE:			
SIGNATURE:			
DATE RECEIVED:			
RECEIVED BY:			
SIGNATURE:			
TOTAL NUMBER OF SPECIMENS	PURPLE-TOP TUBES:		
IN THIS CONTAINER:	GREEN/GRAY-TOP TUBES:		
TOTAL NUMBER OF BLANK TUBES	PURPLE-TOP TUBES:		
PROVIDED IN THIS CONTAINER:	GREEN/GRAY-TOP TUBES:		
COMMENTS:			

SHIPPING ADDRESS: CDC DASH

ATTN: Dr. RICHARD MEYER 1600 Clifton Road, NE Bldg. 8/9

Atlanta, GA 30333 (888) 374-1764

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CENTERS FOR DISEASE CONTROL AND PREVENTION CHEMICAL TERRORISM SPECIMEN COLLECTION AND SHIPPING MANIFEST

PLACE A $\sqrt{}$ IN EACH BOX FOR SAMPLES SHIPPED – PLACE A X IN EACH BOX FOR SAMPLES NOT SHIPPED

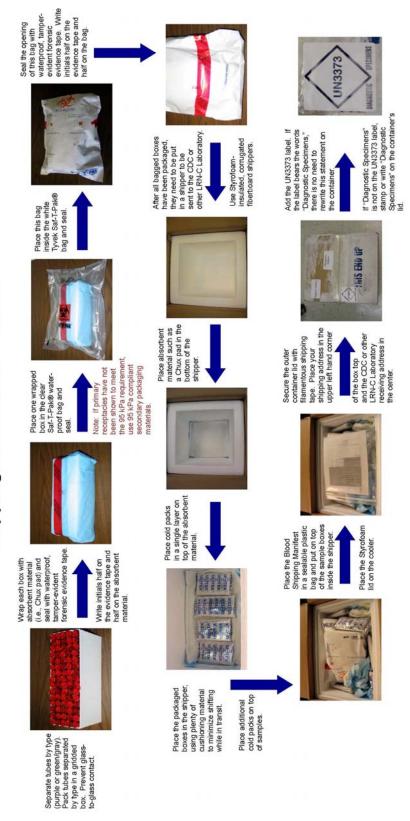
PLEASE INDICATE THE SIZE TUBE COLLECTED (5 OR 7 mL) IN THE COMMENTS

PT = PURPLE-TOP GT = GREEN/GRAY-TOP

FI - FURFLE-TOF GI - GREEN/GRAI-TOF					
Patient/Victim	PT 1	PT 2	PT 3	GT	Comments:
ID Label					

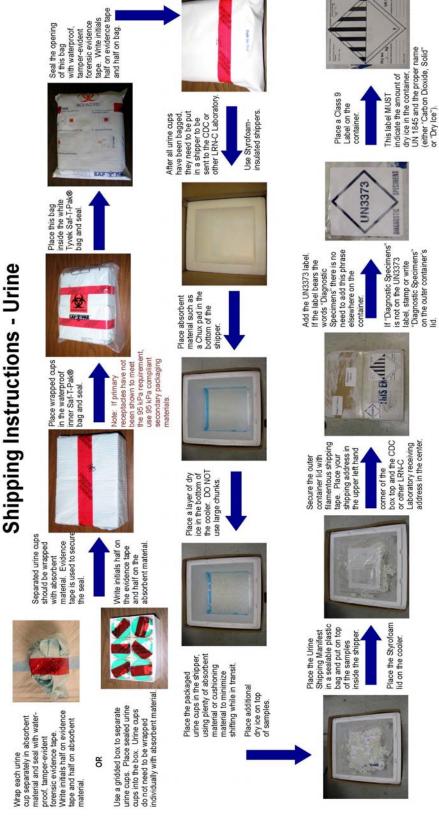
NOTE: Please include 2 empty purple-top tubes and 2 empty green/gray-top tubes from each lot number collected for background contamination measurement.

Chemical Terrorism Event Shipping Instructions - Blood



03/16/05

Chemical Terrorism Event Shipping Instructions - Urine



Labeling

Label specimens with labels generated by your facility. These labels may include the following information: medical records number, specimen identification number, collector's initials, and date and time of collection. **Follow your facility's procedures for proper specimen labeling**. The collector's initials and date and time of collection will allow law enforcement officials to trace the specimen back to the collector should the case go to court and the collector is needed to testify that they collected the specimen.

Information provided on labels may prove helpful in correlating the results obtained from the Rapid Toxic Screen and subsequent analysis with the people from whom the specimens were collected.

Place a single, unbroken strip of waterproof, tamper-evident forensic evidence tape over each specimen top, being careful not to cover the specimen ID labels. This tape must make contact with the specimen container at two points. The individual placing the evidence tape must identify themselves by writing their initials ½ on the container and ½ on the evidence tape.

Maintain a list of names with corresponding specimen identification numbers at the collection site to enable results to be reported to the patients.

Packaging

Packaging consists of three components: primary receptacle (blood tubes or urine cups), secondary packaging (materials for protecting primary containers, absorbent material, and waterproof, 95 kPa pressure resistant packaging), and an outer container (Styrofoam-insulated corrugated, fiberboard containers).

Pack and ship these specimens as diagnostic specimens.

Secondary packaging

Blood Tubes—

• Separate each tube of blood collected from other tubes, or wrap tubes to prevent contact between tubes; this may be accomplished in a variety of ways such as a gridded box wrapped with absorbent material and sealed inside a plastic bag, sealable Styrofoam container, blood tube shipment sleeve and transport tube, and individually wrapped tubes sealed inside a plastic bag. Secondary packaging must have its closure secured with a single strip of tamper-evident forensic evidence tape initialed ½ on the container and ½ on the evidence tape by the individual making the seal.

- Place absorbent material between the primary receptacle and the secondary packaging. Use enough absorbent material to absorb the entire contents of primary receptacles. According to 49 CFR 173.199(b), if specimens are to be transported by air, either the primary receptacle or the secondary packaging used must be capable of withstanding without leakage an internal pressure producing a pressure differential of not less than 95 kPa (0.95 bar, 14 psi). Verify in advance that the manufacturer of either the blood tube or secondary packaging used in your facility is in compliance with the pressure differential requirement.
- To facilitate processing, package blood tubes so that similar tubes are packaged together (e.g., all purple-tops together) and not mixed (i.e., purple-tops and green/gray-tops in the same package).

Urine Cups—

- Separate each urine cup from other urine cups or wrap urine cups to prevent contact between urine cups.
- Place urine cups in secondary packages. A variety of secondary packages may be used, for example, gridded box wrapped with absorbent material and sealed inside a plastic bag or individually wrapped urine cups sealed inside a plastic bag. In either case verify that the urine cup or secondary container complies with the requirements stated in 49 CFR173.199(b). Secondary packaging must have its closure secured with a single strip of tamper-evident forensic evidence tape initialed ½ on the container and ½ on the evidence tape by the individual making the seal.

Outer containers

Use Styrofoam-insulated corrugated fiberboard containers (may be available from your transfusion service or send-outs department). **Do not ship frozen urine cups and blood tubes in the same package.**

Blood tubes—Ship at 4°C

- For cushioning, place additional absorbent material in the bottom of the outer container.
- Add a layer of frozen cold packs.
- Place secondary containers on top of the cold packs.
- Place additional cold packs or absorbent material between the secondary containers to reduce their movement within the outer container.
- Place a layer of frozen cold packs on top of the secondary containers.

Urine cups—Ship to ensure specimens remain frozen or freeze while in transport

- For cushioning, place additional absorbent material in the bottom of the outer container.
- Add a layer of dry ice. Note: Do not use large chunks of dry ice for shipment, because large chunks have the potential for shattering urine cups during transport.

- Place additional absorbent material between wrapped urine cups to reduce their movement within the outer container.
- Add an additional layer of dry ice.

Preparing documentation

Since blood tubes and urine cups are shipped separately, prepare a separate shipping manifest for each. Place each shipping manifest (with specimen identification numbers) in a plastic zippered bag on top of the specimens before closing the Styrofoam lid of the corrugated fiberboard container.

Chain of custody forms do not need to be transported with specimens. Each entity/organization handling the specimens is responsible for the specimens only during the time that they have control of the specimens. Each entity/organization receiving the specimens must sign-off on the chain of custody form of the entity/organization relinquishing the specimens to close that chain. When receiving specimens, each new entity/organization must begin their own chain of custody and have the entity/organization relinquishing the specimens sign their chain of custody to start the chain and indicate that they have transferred the specimens. When specimens are transferred between entities/organizations, each entity/organization retains their chain of custody forms.

Note: When the individual relinquishing the specimens (relinquisher) and the individual receiving the specimens (receiver) are not together at the time of specimen transfer, the relinquisher will document on their chain of custody that the receiver is FedEx Tracking Number or have the individual transporting the specimens sign the chain of custody to indicate that they have taken control of the specimens. Likewise, when the receiver receives the specimens, they will document on their chain of custody that the relinquisher is FedEx Tracking Number or the have the individual transporting the specimens sign the chain of custody.

Preparing containers for shipment

- Secure outer container tops and bottoms with filamentous shipping/strapping tape.
- Affix labels and markings adjacent to the shipper's/consignee's address that appears on the package.
- Place a UN 3373 diamond label on the outer package.
- Ensure that two orientation "up" arrows are located on two opposite sides of the outer container.
- Place a label on the outer container that indicates the proper name, "Diagnostic Specimens."

• For those containers with dry ice, place a class 9 label on the outer container. This label must indicate the amount of dry ice in the container, the address of the shipper, and the address of the recipient (in the absence of a shipper's declaration of dangerous goods). This label **must** be placed on the same side of the container as the "Diagnostic Specimens" label.

Shipping specimens

- Follow the guidance provided in your state's chemical terrorism comprehensive response plan.
- If you are directed to ship the specimens to CDC, please ship the specimens to the following address:

CDC

Attn: Dr. Richard Meyer 1600 Clifton Road, NE Bldg. 8/9 Atlanta, GA 30333 (888) 374-1764

Questions

If you have any questions or problems with specimen packaging or shipment, please e-mail or call one of the following contacts at the CDC's National Center for Environmental Health, Division of Laboratory Sciences (DLS):

- Charles Buxton, DLS Chemical Terrorism Field Laboratory Coordinator <u>cbuxton@cdc.gov</u>, 7243001194@pagebb.com (text), or 888-461-6713 (voice or numeric)
- Dr. John Osterloh, DLS Chief Medical Officer, 770-488-7367
- DLS administrative office, 770-488-7950

